

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Confirmation No: 7097

Yuji MATSUDA

Art Unit: 2853

S. N. 09/937,858

Examiner: B.L. Mouttet

Filed: September 28, 2001

For: IMAGE FORMING DEVICE

RESPONSE TO OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the final office action dated June 16, 2003,  
please make the following amendments:

Claim amendments begin on page 2 of this document.

Remarks begin on page 12 of this document.

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NAME: Examiner B. L. Mouttet Art Unit: 2853

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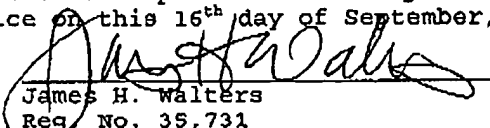
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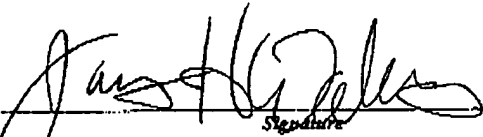
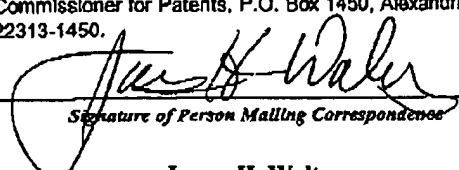
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James H. Walters  
Reg. No. 35,731

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>Y-189</b>	
Applicant(s): <b>Yuji Matsuda</b>					
Serial No. <b>09/937,858</b>	Filing Date <b>09/28/2001</b>	Examiner <b>B.L. Mouttet</b>		Group Art Unit <b>2853</b>	
Invention: <b>IMAGE FORMING DEVICE</b>					
<b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>Sept. 16, 2003</b>		
<b>James H. Walters, Reg. No. 35,731</b> <b>Customer number 802</b> <b>Dellett &amp; Walters</b> <b>Suite 1101, 310 SW 4th Ave.</b> <b>Portland, OR 97204-2304 US</b> <b>503-224-0115</b>			<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>SEP 16 2003</b>		
CC:			<div style="text-align: right; font-weight: bold;">FAXED</div> I certify that this document and fee is being deposited on <u>Sept 16, 2003</u> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence <b>James H. Walters</b> _____ Typed or Printed Name of Person Mailing Correspondence		

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